

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bailey Figueroa **PRESENTING CLINICAL SIGNS** History: P have had sporadic vomiting episodes since 1 wk ago. On Monday P started vomiting a lot. P is experiencing abdominal pain and feels uncomfortable. Normal appetite and water intake. Normal stool. Sometimes P is panting a lot.

SPECIES Canine **Abnormal PE/Chem/CBC/UA Results:** On PE evaluation today: Severe Periodontal dz stage 4, pain elicit on abdominal palpation, mild dehydration: prolonged skin tent and tacky/pink MM with CRT <2sec.

RADIOGRAPHIC STUDY OF THE ABDOMEN

BREED

BREED Dachshund **The body condition score is 4/9 with smooth alternating layers of fat and soft tissue opacity.**
The bony structures appear to be within normal limits.

SEX

SEX Spayed Female **A localized, mottled appearance of the abdominal detail is present between stomach, spleen and colon on the VD view; the rest of the abdominal detail is in line with the low BCS.**
The liver is located within the costal arch and the caudo-ventral lobe is mildly rounded.

AGE

11 Years

The tail of the spleen is caudally displaced and the head appears elongated on the VD view.

The gastric shadow is not clearly outlined but appears enlarged; cranially it is partially superimposed onto the liver and the pylorus appears to be located level with L1-3, displacing the tail of the spleen and the intestinal loops caudally. The position of the luminal gas suggests wall thickening. The colon contains some air and a moderate amount of unformed feces.

INTERPRETED BY

Heike Rudolf, DVM,
 Dr. med. Vet.,
 DipECVDI DVR

Both renal shadows are obscured to different degrees by the gastro-intestinal tract; on the VD the right kidney appears of physiological size and opacity. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

HOSPITAL NAME

Alejandrino AH

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Enlarged stomach
- Localized poor abdominal detail

REFERRING VET

Da. Mendoza

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

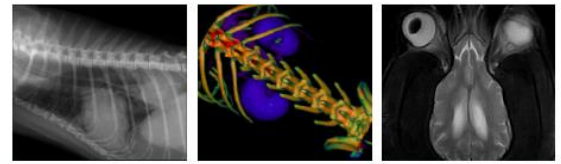
INVOICE

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The stomach appears large on all views and the walls appear thickened. However, fluid and gastric wall have a soft tissue opacity and thus I cannot differentiate them on these images. The localized reduction in abdominal detail is located in the region of the pancreas and thus pancreatitis with localized mesenteric inflammation may be present. Full biochemistry and cPLI are recommended. Differential diagnoses are infiltrative gastric wall tumor (e.g. lymphoma, adenocarcinoma), pyloric outflow obstruction due to e.g. foreign body, tumor, mucosal hypertrophy; and severe, chronic gastritis. Abdominal ultrasound will be able to differentiate between gastric wall and luminal fluid as

DATE

4/19/23



PATIENT well as assessing the wall layers. Alternatively liquid Barium can be given to identify gastric wall thickness and delayed emptying.

Bailey Figueroa

TECHNICAL COMMENTS

Side markers on lateral images do not coincide with position of diaphragmatic crura.

SPECIES

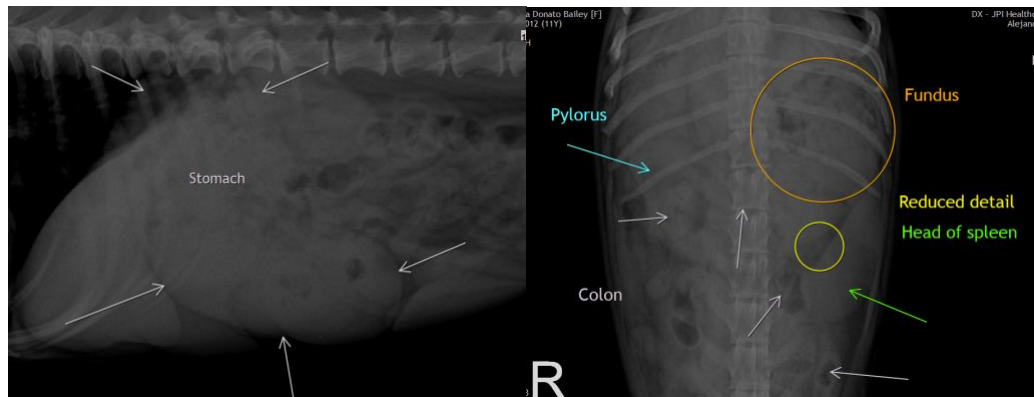
Canine

BREED

Dachshund

SEX

Spayed Female



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

11 Years

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

INTERPRETED BY

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